LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII. LOUISVILLE, DECEMBER 6, 1879. No. 23.

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EDITORS.

PROF. J. LAWRENCE SMITH.

This distinguished savant met with a very warm reception upon his return home from Europe. At a public banquet given in his honor at the Galt House of this city, on the evening of November 26th, there were a hundred and fifty gentlemen, the majority of whom representative men, who came together to grace the occasion.

As Professor Smith's path to distinction lay through the profession of medicine, we deem it very proper to transcribe in a journal of this character an account of the proceedings which not only conferred honor on an individual, but embraced therein honor to his guild. We make such extracts from the Courier-Journal report as may be of particular interest to our readers and as our space will allow.

We have on a previous occasion given a sketch of the life and scientific labors of Professor Smith. We omit, therefore, that given in the present account, but we can not forbear presenting anew the several places of scientific honor with which our distinguished *confrère* has been rewarded.

Prof. Smith is a member of the American National Academy of Sciences, etc.; membre correspondant de l' Institut de France (Académie des Sciences), etc.; member of the Chemical Society of Berlin, of the Chemical Society of Paris, of the Chemical Society of London, of the Societe d'Encouragement pour l' Industrie Nationale, of the Imperial Mineralogical Society of St. Petersburg; corresponding member of the Boston Society of Natural History, of the American Academy of Arts and Sciences, of the American Philosophical Society, American Bureau of Mines, the Société des Sciences et des Arts de Hainaut, etc.; Chevalier de la Legion d' Honneur; member of the Order of Nichan Iftahar of Turkey, of the Order of Medjidiah of Turkey; Chevalier of the Imperial Order of St. Stanislas of Russia. Which, it will be seen, are no mean recognitions even for a Kentucky scientist.

TOASTS AND RESPONSES.

The viands having been disposed, Dr. D. W. Yandell, as chairman of the occasion, arose and said:

It is my pleasant task to say what all of you already know—that we are here to do honor, in our Kentucky way, to the very distinguished savant whom we have asked to meet us this evening. I know I but express the sentiment of this large company when I say not one of all our noted citizens has ever won such renown in the scientific world or returned to us with distinction gained in so many and such varied fields of scientific research. I would therefore offer you the health of our guest and our friend Dr. Smith, to be responded to by Col. Watterson.

Mr. Watterson made response as follows:

MR. CHAIRMAN: I rise to propose the health of our honored guest. It is rare indeed that a community, pursuing the obscure tenor of its way far from the great capitals of thought and action, is able to claim among its inhabitants one who has taken all the prizes the world of science has to give; who has risen to the head of his particular department, and has been elevated to the official head of his profession in his own country; who wears the insignia awarded eminent professional service by every one of the enlightened nations of his time; and who comes back to us, after an absence of a few months, the successor of Franklin, Prescott, and Agassiz in the National Institute of France. A man of this description is usually to be found only about the centers

of scientific inquiry and development, and the circumstance should make us exceptionally proud of so marked a citizen. But proud as we are of the *savant*, loaded down by public decorations and professional trophies and honors, we are yet prouder of the *neighbor*, to whose private virtues we are here to pay the homely tribute of personal respect and regard. Let the nations of the earth distinguish our friend as they may, let his professional brethren esteem and promote him as they shall, he will always remain to us the unaffected, spotless gentleman we know him to be. In this spirit, Mr. Chairman, I propose the health of Prof. J. Lawrence Smith.

Professor Smith responded substantially as follows:

MY FRIENDS: Several days ago my friend Mr. Watterson came to me and announced the fact that a number of my personal and professional friends desired to show in some way their esteem for me personally and for my scientific learning. I said to him then what I say to you now: What have I ever done that you should do this to me? And I was willing to apologize if need be. I am unaccustomed to public speaking, for whenever I open my mouth I put my finger in it. But though this is a very social occasion, I feel that I must say something solemn even at the risk of souring the wine.

Never in my career have I felt so proud of any honor as this. When scientific men in this country and in Europe did me honor in any way, I felt, to be sure, a certain glow of pride in it, but took it somewhat as a matter of course, for we were all in the same boat. To-night I see before me a representative gathering; men from all trades and professions, the lawyer, the merchant, the doctor, and the clergyman, and this fact affords me not a little gratification. If I have done any thing, my friends, to merit your esteem, the result has been reached by hard labor, and that alone. It is the same in all professions. The successful lawyer is a laborer; the successful doctor is a hard worker, and so is the successful merchant. It is not genius so much that succeeds as it is hard work; it is perseverance, and making sure of one step before you take another. I have always been proud when either in this country or in Europe people have referred to my labor as without mistakes.

I came to this city about thirty years ago. I had up to that time pursued rather an erratic scientific course. When I located in Louisville I began to crystallize my efforts, as a man to be successful in any calling must crystallize and concentrate his thoughts and his labor. I found here a center such as had never been mine before. I became associated, in the University of Louisville, with many men of learning—the profound Drake; the famous Gross, courtly as he was erudite; the graceful Cobb; the encyclopedic Yandell—and it was here that I found a basis of a career, a point upon which to place my fulcrum and get a start in life. When I went to Europe I found myself honored far above my expectation. I went there to work, to complete my scientific labors: and I came back to bring to you the fruits of my labor, for they belong not to me, but to all men.

Dr. Smith then went into details of the International Congress for considering the inter-oceanic canal across the Isthmus of Darien, to which he was a delegate, and closed as follows:

But I grow loquacious. I have returned to the place where all my friends are; to the place from whence I received a consistent start in science, and I can not but recall that institution in which I have felt so much pride. I would therefore propose to you to drink to the University of Louisville and to the memory of the shades whom we all love and honor; and I know of none more fitted to voice its praises than he who has taken such a lifelong and steady interest in it as Hon. Isaac Caldwell.

Mr. Caldwell, the President of the University, responded as follows:

I thank our guest for remembering the University of Louisville. It was eminently fitting that he should not forget an institution of learning in which fourteen years of his valuable life were spent as professor. When he became a professor in the Medical Department of the University, in 1854, the school was in its infancy, if indeed, compared with the older establishments which have since honored him, we can say the University is yet out of its infancy.

It was gratifying to hear our guest declare that it was the period of his connection with the University in which he crystallized his scientific career. Since he resigned his professorship, in 1868, he has been a trustee of the University. These ties of a quarter of a century have so linked his name with the University that the history of the one can not be complete without the biography of the other.

The University of Louisville, though young compared with educational foundations abroad, is old in the history of western America. It is firmly and permanently established. Let not the people of Louisville and Kentucky forget or fail to appreciate the fact that the Medical and Law Departments of the University of Louisville are the leading schools of law and medicine in the Mississippi Valley. I am glad to report to our returned trustee that they have never stood on firmer or safer ground of prosperity and usefulness. The sons of the *alumni* are now seeking the *alma mater* of their fathers for instruction and for her honors. The *alumni* of the University furnish governors of states, senators, great sur-

geons, renowned professors, distinguished lawyers and statesmen in all parts of the South and West. Our guest has mentioned some of the great names associated with him as professors. I remind him there are now names great and growing into greatness who remember him as their distinguished professor.

If Louisville is not to-day a great literary and scientific center, as we have been reminded she is not, let me ask why may she not be such in the great future before us? Why shall not the University be sustained in her upward march? Why may not other younger, meritorious institutions springing up around us be also succored and encouraged until Louisville shall become famous as the "University City?" Why may not brilliant scholars in the possible hereafter, for honors conferred at Louisville, have banquets at home, as our guest has at home to-day?

The professors of the University—united, able, untiring—are nobly performing their part, and are worthy successors to the great men who have preceded them.

Following Mr. Caldwell, Judge Jackson, in his most humorous vein, answered the toast to the city of Louisville. General William Preston then responded to the toast to Kentucky, and the distinguished soldier and jurist never looked more magnificently or spoke more eloquently. Another sentiment was "The Church," responded to by Dr. Broadus; and it is to be regretted that his beautiful appeal for tolerance in both Science and Religion were not more fully reported.

The next regular toast was "the Press," and the chairman called on Dr. R. O. Cowling to reply. Dr. Cowling said:

It did not seem to strike the assembly that I was the peculiarly proper man to reply to this toast, and indeed it does not strike me that I am altogether the individual for the duty. I did think that perhaps some time during the evening I might be asked to respond to the sentiment of "The Medical Press," but I had hoped it would be farther on in the proceedings, when the company would not be likely to be so critical. Yet even then I felt that my claim as a representative of the medical press was somewhat weakened, for a number of my friends have paid me the compliment to say that the LOUISVILLE MEDICAL NEWS is the only independent *political* journal of the city; and besides, since the Courier-Journal has taken on itself to go over to Grant and homeopathy I thought that perhaps my friend Dr. Watterson would claim the privilege of answering for the medical brethren. But, gentlemen, no matter what portion of "The Press" I represent, or how fitly I represent it, I can surely say that no journal of this country more than the LOUISVILLE MEDICAL NEWS joyfully recorded the fact that our distinguished guest had received the honors which were accorded him in France. As one of its editors, when I noted the fact I rejoiced for many reasons—because Prof. Smith was my fellow-townsman, because he was of the university to which I have the honor to belong, and, above all, because he was my old master. I was proud indeed to think that I had sat at the feet of an Academician. I have always regarded the Academy of France with awful feelings—as something, in fact, not to be approached by ordinary mortal footsteps. It was twenty years ago when, spending a vacation from college on the Hudson, I passed an evening with Judge Kent. No doubt some of you remember what an extraordinarily courtly gentleman he was, and what a brilliant *raconteur*. I was his partner at whist, I remember, and I record the fact that in this connection he said several pleasant and polite things, quite the contrary to many remarks of my more recent partners in that game, who for some unknown reason always seem to grow crazy and unseemly after my third lead. During the evening he told me his experience with the French Academy. He said that he had a ticket of admission to one of its sessions, and on presenting it got a seat "within the rail," separated from the general crowd. After a while the president of the Academy, who was at the time M. Arago, came forward to the front of the platform and announced in stentorian tones that "M-i-c-h-a-e-l F-a-r-a-d-a-y, the philosopher of England, honors the house with his presence." "Immediately," said the Judge, "as I was the only stranger who was apparent, a hundred glasses were leveled at me, and I sat for the whole of the session afterward in intense embarrassment. When I left the room numbers crowded around me, and, seizing me by the hand, said, 'We have the honor, do we not, of saluting Monsieur Faraday?' I replied, 'No, indeed; simply a savage from the banks of the Hudson.'" When I heard of Prof. Lawrence Smith's election to the Academy the first thought that came to my mind was the anecdote of Judge Kent, and I said to myself, "By St. George, we have indeed sent the Academy a Michael Faraday from the banks of the Ohio.

PROF. ESMARCH is a believer in the antiseptic theory to the extent that he would have each soldier provided with materials to prevent the ingress of germs. He recommends gauze bandages, salicylated cotton, etc. as a part of the field accoutrement.

Reviews.

Manual of the Principles and Practice of Operative Surgery. By STEPHEN SMITH, A. M., M. D., Surgeon to Bellevue and St. Vincent Hospitals, New York; author of a work on Military Operative Surgery.

After a somewhat protracted investigation we are at a loss to identify an analogue in the entire range of operative surgeries for the brilliant little handbook under consideration. It would be difficult to deal *seriatim* with Dr. S.'s book, nor will it be necessary to do so in order to convince inquisitors of its rare practical value, not only for the student or the doctor who is called on to rapidly inform himself accurately of the best mode of doing any required surgical operation, but also for the surgeon who inclines favorably to condensed yet fully descriptive writings of his specialty.

To the utmost extent permitted by the size of this book Dr. S. deals tersely with matters of ethical, etiological, and pathological interest to the surgeon, citing for the support of the views expressed in these connections a vast array of the highest authorities known.

Long association with and earnest labor in great hospitals have rendered Dr. S. one of the most skillful and exquisitely-accurate operators known to us, and this fact may be easily excerpted by even a casual reader of the little volume on our table.

In the descriptions of the operations the reader is not confronted with scarecrows and bugbears in the shape of covert warnings so often mistaken, particularly by younger surgeons, for lines marking the boundary of territory on which they may walk securely, and beyond which stands Dr. A, B, or C, in New York (?) ready to clear away the doubt surrounding the propriety (?) of young surgeon X doing the operation by simply doing it himself and smiling blandly as he pockets the fee.

We consider Dr. S.'s book decidedly in the light of a pleasing invitation to students to learn operative surgery from its pages themselves, and to acquire the courage necessary to an operator from the accurate information it imparts. No physician should lack the book; and but for the absence of a full chapter on the subject of the philosophy of surgical dressings, we consider it one of the very few *really* "long-felt wants" of the profession. The work comes from the matchless "Riverside Press." E. V. D.

Atlas of Skin-Diseases. By LOUIS A. DUHRING, M. D., Professor of Skin-diseases in the Hospital of the University of Pennsylvania, Physician to the Dispensary for Skin-diseases, Dermatologist to the Philadelphia Hospital, etc. Part VI: Syphiloderma (Pustulosum); Erythema Nodosum; Seborrhea; Eczema (Papulosum). Philadelphia: J. B. Lippincott & Co. 1879.

Part VI of Dr. Duhring's exceedingly excellent Atlas is equal to the parts that have preceded it. The plates are perfect and the descriptions are clear and concise. Dr. Duhring's treatment is that which is most fashionable with dermatologists. All practitioners of medicine should possess Duhring's Atlas; and if they will treat the skin-diseases like diseases of the other tissues, with reference to their constitutional cause, they will find the practice of dermatology eminently satisfactory.

Formulary.

APPLICATION IN APHTHOUS STOMATITIS.

℞ Pulv. sodii borati ..... } ää ʒj;
Pulv. acid salicylici..... }
Mellis..... ʒiij. M.

—*Phila. Med. Times.*

HEMORRHOID OINTMENT.

℞ Iodoform..... ʒj;
Acid carbolic..... } ää gr. xv;
Acid tannic ..... }
Ext. belladonnæ..... } ää gr. viij;
Pulv. opii..... }
Vaseline ..... ʒj.

—*Southern Clinic.*

SUPPOSITORIES IN VAGINISMUS.

℞ Ol. theobromæ ..... ʒj;
Potassii bromidi..... gr. x;
Ext. belladonnæ..... gr. vj;
Acid. thymici..... gr. j. M.

Fiat in suppositor No. 1.

To be placed in the vagina every evening.

—*Phila. Med. Times.*

Miscellany.

A GOSPEL TRUTH.—Writing of "gratuitous treatment of clergymen," Dr. Wood, in the Philadelphia Medical Times, says:

It has long been etiquette among physicians, how long we do not know—always, perhaps—to treat clergymen without remuneration. In the opinion of the laity, a doctor's fee, no matter how small it may be, seems out of proportion to what he expends

or gives for it. The line or two of hieroglyphics and the dozen words of advice are all-powerful for life or death; but they cost the physician nothing at the time they are given, although the giver may have spent thousands of dollars on his education. A certain annual income is, then, necessary in order simply to pay the interest upon what his knowledge has cost him. Moreover, we have always contended that the better the physician's education the more valuable is his advice, just as the labor or the opinion of a master workman is worth more than that of his apprentice or half-developed journeyman. But while in the one case the laity see the logic of this argument and are willing to pay for it, concerning the highly-educated physician there is a spoken or tacit opinion that he demands too much. When danger has passed the smallest fee is grudged, the animus being that of the old French couplet, which signifies that while he is needed the doctor is an angel, but when his bill is presented he is a—the contrary. [That is, the "devil to pay."]

In eighty cases out of one hundred a doctor whose opinion is worth having not only earns his fee, but, in view of what he really gives for it, is underpaid. Like other human beings, he has his butcher, his baker, his grocer, his tailor. Like them, too, he has bills to pay. He may be no mathematician, but he has sufficient algebra to know that o will not pay for x. What wonder, then, that he sometimes feels himself an abused and unappreciated individual!

When he received his diploma perhaps he took the Hippocratic oath, which requires him to listen to the plea of the sick poor; and if he have a human heart, he finds pleasure in healing their ills for the sake of that untold satisfaction which is the reward of relieving suffering. It is *his* method of giving in charity, and only he knows how much and how often he thus gives, and gives willingly. But when he is called upon to give gratuitously where there are larger means of payment than are represented by his own income, he involuntarily feels wronged, and wonders how the man of income equal to or larger than his own can accept much and give nothing. This is the position in which he is placed when called on to attend many of our city clergymen and their families.

If the physician attends church—and it is hoped he does—he assists in paying his minister's salary. If he marries—and let us again hope he does—he pays his minister a fee which five times exceeds what he would ask for granting the clergyman a similar amount of time. In case of death in his family he perhaps would hardly feel comfortable unless he sent his minister a fee for his services at the funeral. Now the *real* question arises, why should *he* not receive a reward for his services when the minister calls for them?

There is no kind of doubt that in this superannuated, unworthy custom of gratuitous medical treatment of *all* clergymen there exists a rank injustice. If the minister is poor, his family large, and his salary small, who should be more ready than the large-hearted physician to give of his medical largess? But when the clergyman is getting three, four, or five thousand a year there is no justice whatever in his being an eleemosynary institution.

THE EXAMINATION OF PORK.—According to the official documents analyzed by Mr. Eulenberg there were, in 1877, 172,800 cases of trichinized pork in Prussia. In the district of Stettin ninety-eight cases were observed in man, of which fifty-four occurred in the city of Stettin itself. In the district of Mersberg three small epidemics of trichinosis were observed in villages. Generally the meat had been consumed slightly smoked but *uncooked*. At Hoxeter there were fifty-two cases. To prevent the country from being literally invaded by trichinæ, the government had been obliged to have recourse to very energetic measures, requiring every pig which is slaughtered to be certified by an expert to be free from trichinæ after a microscopic examination of a portion of muscle. This work is rather severe, and falls rather hardly upon the district medical officers, of whom one alone asserts that he was called on in two days to examine five hundred and three hams, three tons of lard, and forty-six pigs.—*British Med. Jour.*

[Cooked trichinæ are innocuous; and as it is probable that most pork is infected by tapeworm-eggs and trichinæ, it is of the first importance that hog-meat should never be eaten raw.]

"SCIENTIFIC THERAPEUTICS."—It has made a few valuable additions to the materia medica, but whether they were not mere "lucky hits" rather than any thing better is another question. It certainly is chargeable with inculcating the false notion that the patient study of disease can in a measure be supplanted by experiments in the laboratory.—*Med. and Surg. Reporter.*

INEBRIATE CRIMINALS.—Dr. T. D. Crothers, in the Quarterly Journal of Inebriety, states the following as the results of his study:

1. This class of criminals is numerous, and is generally studied as the type of all others. Unfortunately they furnish the basis upon which much of the literature of inebriety is founded.

2. It is composed of several classes more or less distinct, requiring a comprehensive study of conditions and surroundings.

3. As patients in inebriate asylums they are very difficult to manage, often bringing odium upon the asylum and receiving but little benefit from it.

4. In the treatment they should be classified and put under strict military discipline, in which labor is part of the treatment, and this continued for months or years.

5. A removal and classification of this class in our asylums will increase the per cent of recoveries largely. A more thorough study also of the different classes of inebriety will reveal many facts and clear away much confusion at present existing.

CURIOUS.—The following, from the Nineteenth Century, relates to experiments in India, where the fuel and manure questions are both of great moment. The chief fuel on the plantations being cow's dung, the following experiment was made to test the relative value of the dung and its ashes as a fertilizer:

	Plot 1, with manure. Pounds.	Plot 2, with ashes of manure. Pounds.	Plot 3, nothing. Pounds.
First cutting, green fodder.....	4,058	4,368	3,140
Second cutting, green fodder....	1,680	1,176	896
Weight of both cuttings.....	5,738	5,544	4,036

SUBPLEURAL ECCHYMOSES IN CHILDREN.—Prof. Parrot terminates a paper on this subject (*Revue Mensuelle*) with the following conclusions: 1. Subpleural ecchymoses are very frequent, if not constant, in infants who die from acute pleuro-pulmonary affections complicating rubeola or diphtheria. 2. They are met with almost exclusively in subjects above a year old, and very exceptionally prior to the eighth month. 3. They differ from those which are described in treatises upon medical jurisprudence by the constant coexistence of an acute and almost always inflammatory affection of the pleura or lung, and by their pathogeny, which is of a morbid nature and not purely mechanical. 4. This lesion deserves the attention of medical legists, who otherwise might believe, on seeing ecchymoses beneath the pleura, that an infant had succumbed in a violent and rapid manner while in a state of normal health, when in reality death was the consequence of disease, the proof of which might be found on the attentive examination of the respiratory organs.—*Med. Times and Gazette.*

ENGLISH COOKING.—No doubt we have many excellent characteristics in our English cookery, and these we may hold to; such as excellent roasting of mutton and beef, beefsteak puddings, thick soups, fruit pies and puddings (it is a great loss to the French *cuisine bourgeoise* that they have no knowledge of our fresh fruit puddings and tarts); but our range is too limited; our selection falls too exclusively on the large and choice pieces of meat. We have neglected the art of stewing and of braising, *We know nothing of the art of cooking vegetables except by boiling them in water.* We are absurdly prejudiced against such pleasant, economical, and nutritious kinds of food as hominy, buttermilk, Indian corn, haricot beans, and all their varieties; and our vast kitchen-fires consume our substance while they spoil our food. There is another great defect in our English dietary; *it is the too sparing use of butter, fat, and oil.* A celebrated American physician goes so far as to ascribe to this source something of the prevalence of atrophy and scrofula.—*Brit. Med. Jour.*

A QUIVERFULL.—A correspondent in the British Medical Journal writes: "Could any of your numerous readers point out to a medical man of some twenty years' standing, with good credentials, but with thirteen hearty, high-spirited children, a spot in any part of the world where such a numerous progeny might be considered as riches? If so, they would greatly oblige one who at present is inclined to think that if Solomon had lived in modern times he would have somewhat modified his opinion as to the beatification of 'the man who has his QUIVERFULL.'"

[What does this puissant generative monster mean? Does he want to find a place where he can sell his offspring? Our advice to the children is, Drown the old man and emigrate to America. He is not worthy of a baker's dozen of English children.]

CINCHONA CULTIVATION IN INDIA.—The bark is cut from the growing trees in alternate strips running up the tree, leaving an interval between the strips to be taken the next year, resting it the third. The naked strip is covered with moss bound round the tree, and underneath the moss a new skin or bark forms. The plantation is carefully managed, and in suitable situations the cinchona is found more profitable than either coffee or tea. Eight years are necessary in the growth of the young tree before the bark is sufficiently matured to bear its subsequent treatment. In the tenth year the return may be four hundred pounds of dry bark per acre, and about four hundred and fifty trees per acre come to maturity. The plantation costs £80 per acre to bring into bearing. Two coolies per acre receive constant employment. The taking of the crop, delivery in London, and collecting the moss cost £6 per acre. When well managed, and at present prices (12s. a pound), it is highly remunerative.—*Nineteenth Century.*

A STRING OF THOUGHTFUL QUESTIONS.—By H. S. B., in the Scientific American:

Is there such a thing as a vacuum in a molecule of matter?

If not, is there such a thing as a vacuum any where outside of a molecule of matter?

If not, where is the capacity of matter for elasticity?

If there are no vacuums, or no room for movement of molecules, how do they manage to change places?

If there are vacuums (which I claim), are they not necessarily perfect vacuums, either inside or outside of molecules?

Are molecules invariably spherical in form?

If so, what occupies the interstices?

Are molecules all of the same size?

If so, how do you account for the angularity of crystallizations?

If not of the same size and density, how do you account for the even flow of electricity along a good conductor?

If they are irregular in size, shape, and density (which I claim), can the phenomena exhibited in their movements be explained upon any other ground than that there are perfect vacuums either inside or outside their organisms?

Is heat or caloric a principle or a result?

If not a tangibility, can its phenomena of action be explained upon any other ground than a result of activity of molecules by friction?

Is not the result of friction electricity?

Are not heat and electricity identical?

If not, explain the different results of the excitation of either as molecules of electricity or molecules of matter in the abstract?

If a cake of northern lake ice will thaw or melt a portion of polar ice by the activity of molecules adjusting the temperature, is the result heat or electrical activity?

If the force of heat or electrical activity can be measured, why does combustion produce such unequal results by same quantity in each different substance?

MEDICAL ETHICS.—Inquirens would be much obliged to the editor of the British Medical Journal if he would state his opinion upon the following question of medical ethics: A invites a brother practitioner (B) to consult with him. They agree to prescribe a given form of medicine, etc. The question is, Who is to write the prescription?

In the case of a consultation between two medical men, it is usual for the one who is called in consultation to write the prescription, and then the ordinary attendant appends his initials. The supposition is that the consultant is mainly responsible for the line of treatment agreed on.—*British Med. Journal.*

ALCOHOLIC drinks, combined with a flesh-and-fat diet, totally subjugate the moral man, unless their influence be counteracted by violent exercise; but with sedentary habits they produce those unhappy flesh sponges which may be studied in metropolitan bachelor halls, but better yet in wealthy convents. The soul that may still linger in a fat Austrian abbot is functional in his body only as salt is to pork—in preventing imminent putrefaction.—*Dr. Bock, of Leipsic.*

IRON FOR SICK VEGETABLES.—Mr. George A. Hubbard, of New Haven, writes, in the Scientific American, that iron is valuable in the treatment of unhealthy pear-trees. He mixes iron filings, etc. with the soil about the tree in his administration of the medicine to the sick plants.

THE COCHINEAL INSECT.—The young of this insect are born, not hatched from eggs, according to a writer in the Scientific American, and there is but one male to one hundred thousand females. Unless they indulge in the sin of polygamy, what a lot of unmarried females in the cochineal family!

Selections.

Uterus Bicornis: Double Pregnancy.—An interesting case of this kind is reported by Dr. E. Goutermann in the *Berliner Klinische Wochenschrift.* Frau E., born in 1844, first menstruated at the age of fifteen, and from that time regularly, but very profusely. She was married in 1869, and in the next six years all her pregnancies, though unattended with any special disturbance, ended in abortion at the third month; the catamenia appeared regularly two or two and a half months afterward. In September, 1875, she again became pregnant, and was delivered in the following June, after an easy labor, of a living and healthy female child. In the end of January, 1877, she had another abortion, which was followed by such profuse metrorrhagia as to demand medical aid. This had not occurred in her previous abortions. In November, 1877, she again became pregnant, the catamenia having been in the meantime very profuse, but regular in duration (four or five days). On December 30th she had another abortion, which was attended with labor-like pains, chiefly limited to the right side. In the middle of February, 1878, the catamenia returned, and appeared at intervals of twenty-eight days with remarkable intensity. On the first day large masses of coagula not having an offensive smell were discharged. On examining her at the end of March—three months after the abortion—Dr. Goutermann was astonished to find indications, in the enlargement of the uterus and the movements of the fetus, that she was five months advanced in pregnancy. After consideration he was led to suspect that the case was one of twin-pregnancy in an uterus bicornis; that one of the embryos had continued to develop itself after and in spite of the extrusion of the other; and that it was the emptied half of the uterus which menstruated. External and internal examination tended to confirm this view, but did not render it absolutely certain. The woman being very fat, the form of the fundus uteri could not be made out by palpation; the vaginal portion was normal, and the os was closed. Exploration with the sound was of course not attempted. She was ordered to rest and to take easily-digestible food. In the night of May 12th Dr. Goutermann was called to the patient. He found the left hand of the fetus, much swollen, protruding from the genital organs; the back lay forward and the face to the right side. There were no pains nor hemorrhage. The fetus—a male of about six months and a half—was easily brought into the world, but died some time afterward. As the pains were insufficient to expel the placenta, Dr. Goutermann attempted to remove it by gentle traction and friction with pressure over the fundus uteri, but in vain. He then proceeded to introduce his hand, following the course of the umbilical cord. In doing this he found that the os externum was formed as usual, but that the os internum, with the whole cavity of the uterus, was divided into a right and a left half by a septum. The right half, which had smooth walls and was empty, scarcely admitted the hand; in the left half the placenta was adherent over the septum. The patient made a good recovery. In August, 1879, Frau E. was delivered of a living male child, which presented in the breech position, from the left division. On this occasion also there had been abortion at the second month from the right division, and subsequent menstruation.—*British Medical Journal.*

Skin Irritation by Administration of Drugs. Dr. Robert Farquharson, in the British Medical Journal, presents an interesting summary of the effects on the skin of the administration of certain drugs. Arsenic in medicinal doses has been observed to produce herpes, and in larger doses an eczematous eruption. Phosphorus sometimes produces purpura. Iodide of potassium sometimes produces papules that quickly become pustular. These may develop into ecthyma or bullæ. Bromide of potassium more frequently produces an acne. Nitrate of silver produces an indelible, dull, leaden color. Mercury brings out an eczematous eruption of the skin. Chloral hydrate causes an erythema, scarlet-fever-like eruption, hemorrhagic purpura. Aconite is occasionally attended by an irritable vesicular eruption. Copaiba often produces a sort of urtica. Quinine occasionally causes two kinds of eruptions; the first are erythematous in character, attended by most distressing itching and tingling, resembling scarlet fever both in the appearance of the rash and the free desquamation which follows; the second assumes a more measly aspect, being occasionally papular, but more generally suggestive of urticaria that occurs in discrete rose-red patches, spreading universally over the skin, and occasionally attended with marked gastric disturbance. Strychnia has produced a rash resembling that from quinine. Belladonna may produce a bright red rash very like scarlet fever. Cod-liver oil occasionally causes acne. Salicylic has produced a peculiar bright punctate rash with erythematous patches, eventually surmounted by vesicles, with sore throat and constitutional disturbance resembling scarlet fever.—*Southern Medical Record.*

Eserine Dangerous in Glaucoma.—Dr. Landesberg, in a recent communication to the Philadelphia Medical Times, states that having published some cases in which this medicine seemed to prove efficacious, he feels it incumbent upon him to announce that *subsequent experience has disappointed his expectations. He says that now he not only regards it as an unreliable and in most cases a worthless remedy, but also a very dangerous one, by lulling into a deceitful security, and thus endangering the chances of recovery by means of a more efficacious procedure.* Especially is it dangerous in the hands of the patient himself, preventing him seeking advice until the vision is irrevocably lost.—*Medical Times and Gazette.*

The Fluke.—Concerning the occurrence of the *fasciola hepatica* in man, Cobbold remarks that Pallas and Bidloo record instances of this nature, while Professor Partridge, of King's College, detected the organism in the human gallbladder. Giesker, of Zürich, records a case where a fluke had lodged in the sole of a woman's foot, and a Mr. Fox, of Topsham in Devonshire, notes a case where a fasciola was found in the scalp, about three inches behind the ear in a child's scalp. Mr. Harris, of Liverpool, also found six or seven flukes in the scalp of a child.—*Dr. Andrew Wilson, in Edinburgh Medical Journal.*

Enuresis.—Fluid ext. rhus aromatica was given in fifteen-drop doses thrice daily, the last dose immediately before sending the child to bed. This was kept up for two weeks, gradually increasing the dose to twenty-five drops *ter die*, when the child ceased "wetting the bed."—*A. O'Neill, M.D., in New Preparations.*

The Immediate and Permanent Treatment of Disease.—Dr. Milner Fothergill read a paper on this subject before the Harveian Society of London, in which he pointed out how in many cases the treatment which gave immediate relief was not that to be continued in the permanent interests of the patient. He instanced first the free use of opium in the hacking cough of phthisis and in chronic bronchitis, which gave immediate relief but did harm eventually. Then in the diarrhea due to impacted masses in the rectum astringent mixtures might give immediate relief, but they were not curative, while removal of the masses was. So too in neuralgia, the injection of morphia eased the pain for the time, but if continued was more likely to confirm it than to cure it. Likewise in dyspepsia of reflex origin, its cure depended upon the removal of the exciting cause. In gout, the application of cold or of leeches give instant relief, but he quoted Garrod in illustration of the evil consequences which followed such treatment. But of all instances of the conflict between the present and the permanent treatment of disease, that furnished by endocarditis was, he said, the most striking. It was the rule to give tonics as soon as possible and to get the patient up, but he contended the proper plan of treatment was to keep the patient flat in bed for some days after all evidence of active mischief had passed away. The growth of connective tissue in the valve-curtains, which was lighted up by the inflammatory storm that passed over the endocardium, persisted some time after the endocarditis itself was over, and it was the mutilation caused by the contraction of the neoplasm which was chiefly to be dreaded. Consequently the true line of practice was to reduce the strain upon the inflamed valve-curtains by complete rest and the administration of agents which lowered the blood-pressure within the heart and arteries. The more the connective-tissue growth could be limited at the outset, the less the future mutilation of the valves.—*British Medical Journal.*

Esophageal Ulceration from Digestive Fluids.—Quincke (*Deutsches Archiv für Klinische Medicin*) reports three cases of ulceration of the esophagus which presented such anatomical appearances as to persuade him that the ulcers must have been caused by the corrosive action of the gastric juice, and consequently were to be regarded as analogous to the round ulcers of the stomach. The comparative rarity of such ulcers in the esophagus is manifestly due to the exceptional and usually limited contact of the esophagus with the gastric fluids. Bloody vomit and dejections, perforation and contractions occur as in the ulcer of the stomach. It is possible that a simultaneous considerable ascites and obstinate vomiting may assist in the diagnosis.—*Boston Med. Jour.*

Case in which a Man was Struck by Lightning.—Dr. G. Wilks contributed this case to the Clinical Society of London: On June 8th last four men at work in Romney Marsh were compelled by the violence of the rain to seek shelter. Three of them retired into a lodge, the fourth (J. Orman) remaining under a willow tree by the window of the lodge to pass urine. Almost instantaneously the building was enveloped in a blaze of lightning. The three occupants, having recovered from their terror, ran to seek their companion. They saw that the tree had been struck, that Orman's boots lay at the foot of the tree and his clothes scattered in a line for several yards along the field, while he himself was stretched upon his back six feet away, stark naked, calling to them for aid. The man himself said that he felt himself violently struck across the chest and shoulders, hurled through the air and dashed upon the ground, and was sure that he never lost consciousness. His clothes were all blown off him except one sleeve of his flannel under-vest; the leather straps which fastened his trousers were rent like tinder and his new strong boots torn like paper, while his watch and chain were partly fused. Upon admission to the Ashford Cottage Hospital the man was found to be burnt all over, more or less. His eyebrows and whiskers were gone; the burns on the back and chest were superficial, those on the abdomen and pubes more deep; down each leg ran a broad three-inch riband-like scar, terminating at the left heel in a small roundish hole; at the right, in a large lacerated wound, through which the os calcis might be felt fractured into several pieces. There was also a compound comminuted fracture of the right tibia and fibula, which bones were protruding through the skin in the course of the riband-like burn. The deepest burns were about where the buckles of the waist-belt and garters and the watch must have been; but from the knee to the heel on the right leg the whole thickness of the skin in the riband-like track was destroyed by the burning. The man was deaf, but singularly placid and cheerful, showing no signs of shock. He made an excellent recovery (though the burns about the fractures and the sloughy state of heel were complications of some moment), walking across the room ten weeks after the accident. He was now (October) earning his living, with a leg shortened from a half to three quarters of an inch. The following facts were noted: 1. The course of electrical action was from above downward; 2. The clothes being very wet, their conductivity had been probably heightened; 3. Where the flannel was next the skin the burns were more superficial; 4. Where the cotton shirt and trousers touched him the burns were uniformly deeper; 5. Wherever there had been a piece of metal (*e. g.* waist-belt, jacket-buckles, watch, shoes) there had been an explosion, or at least a development of great heat; 6. The man was aware that he usually raised his right heel from the ground during micturition, which might have caused the fierce explosion on that side; 7. The nervous system had an almost complete immunity from injury; this was attributed to the wet clothes being good conductors.—*British Med. Jour.*

Syphilitic Neuralgia.—The Southern Clinic for November copies from the Med. and Surg. Reporter the following: "Obstinate neuralgic pains frequently result from syphilis manifesting itself by hyperesthesia of scalp, nocturnal pains, tibial nodes, etc. In such cases the iodide of potassium will generally relieve the patient in a few days."

[But it must be given with reference to the pain and not to the size of dose. An ounce in twenty-four hours is sometimes necessary, but the remedy is certain.]

Bromhydrate of Morphine.—This is more soluble in water and is twice as powerful as the sulphate. It combines the sedative effects of the bromine with the anodyne properties of the morphine. It is not so dangerous, and it is not so apt to be followed by unpleasant symptoms. It is the drug especially for irritative affections of the spinal cord.—*Dr. Laudrieux, in the Journal de Thérapeutique.*

A Case of Pleuropneumonia with Effusion Treated with the Ergot of Rye.—Until now the ergot of rye has been employed principally as an oxytocic, sometimes as a hemostatic, and in certain affections of the spine. It has recently been employed as a febrifuge in typhoid fever and as a local application in ophthalmia, but having read of its utility in pneumonia I determined to try it in the following case.

On May 20th last I was called to see a young married woman aged twenty-eight, suffering from symptoms of some pulmonary affection. On examination I found she had all the signs of the commencement of pneumonia of the right lung, the left being unaffected. She had been ailing for about eleven days, and, thinking she had only a "cold," continued her occupations as usual. On the 19th, however, finding herself prostrated with intense fever, she was obliged to lay up, and sent for me the next day. She complained of great pain in the lower and back part of the chest, accompanied with slight oppression and a continual cough; and as she was in a state of great agitation, with a full soft pulse and dry skin, I gave her a mixture composed of bromide of potassium, liquor ammonia acetatis, digitalis, and morphia, in some syrup and water, of which she took a tablespoonful every two hours. This had the effect of quieting the patient, but the other symptoms had not much abated. At my visit on the morning of the 25th I noticed that the sputa were mixed with blood, and signs of the supervention of pleurisy of the same side became evident, accompanied with considerable effusion of fluid. I then prescribed a combination of the liquid extract of ergot of Bonjean with liquor ammoniæ acetatis, which she was to take every two hours. On the morning of the 26th the patient was more oppressed, the effusion considerably increased, extending to the top of the scapula; the cough was still frequent; the sputa, however, were less tinged with blood and less viscous. I called Professor Sée in consultation. He saw the patient on the morning of the 27th and confirmed my diagnosis, and prescribed the same mixture with slight modification, the ergot of rye, however, the principal ingredient, being retained. On leaving, M. Sée promised to return in three days, to decide as to the necessity of performing thoracentesis, but at his visit on the morning of the 30th he was surprised to find the patient in a state of convalescence; for resorption of the fluid had almost completely taken place; and indeed since the 28th there was complete defervescence, the sputa were free from blood, and the patient continued to progress steadily toward recovery. I saw her two or three days ago and found her in perfect health.—*Alexander Boggs, M. D., Paris, late of the Indian Army, in British Medical Journal.*

Carson's Method of Killing Animals for Food. A good many years ago Dr. Carson, of Liverpool, took out a patent for a particular method of killing animals for food. This method, I believe, consisted of the simultaneous pumping of air into both pleural cavities, so as to compress both lungs and heart and put a summary stop to the processes of respiration and circulation. The advantages claimed for this method were, that it was a painless and humane mode of slaughtering, but especially that there was no loss of blood; and thirdly, that the blood distributed over the body remained *in situ* as it was during life. The pleura was distended with air, and therefore the lungs could not exercise the suction that they generally do so as to draw the blood from the smaller vessels into the right auricle and large veins of the chest. When Dr. Carson's patent became extinct by lapse of time an effort was made to renew it on the ground of its utility. To this end appeal was made to several London physicians and scientific men, now at least twenty years ago. I recollect dining with Dr. L. in Savile Row, well known for his proficiency in natural science. The dinner was a good one, and the chief dish was an excellent haunch of mutton. When this had been removed our host told us that this haunch had been killed in Liverpool by the Carson method, and had been sent to him in order that the opinion of London savans might be taken upon it. We all agreed that the mutton was tender, dark colored, and very well flavored; and our suffrages went in favor of the system, which claims humanity to the victim and improved quality and quantity of food to the consumer as its peculiar merits.—*Writer in Medical Times and Gazette.*

The Hygiene of Photography.—The hygiene of this interesting profession has been for the first time studied with care by Dr. Zanetti. He points out that there are in the establishments and especially in the laboratories of photography a great number of chemical products, of which some are extremely volatile. Among these products may be cited ether, collodion, ammonia, acetic acid, and alcohol, as deserving particular attention by virtue of their great volatility and their frequent employment in photography. These products diffuse, especially during the warm days of summer, vapors which, mixing with the air of the laboratory, give rise in those who breathe them to the following morbid symptoms: First of all, a sense of oppression is complained of, with painful constriction and itching in the throat. Then nausea, giddiness, and general uneasiness supervene. Ordinarily these symptoms do not last, and the workmen end by becoming acclimatized. It seems, however, that they only become so after having already contracted the germs of affections which sooner or later show themselves in a serious form if they continue to live in so deleterious an atmosphere. We might cite examples of photographic operators being obliged to renounce their profession, or to continue it in a new way, in order to escape from the injurious effect, especially of the vapors of ether and alcohol, that is the great danger to health without proper precautions. The accidents which may be caused by the contact of non-volatile toxic substances may be easily avoided, but in spite of good ventilation it is very difficult to escape completely from the subtle vapors of ether and alcohol. Those who are exposed to them suffer from vertigo, nausea, vomiting, and insupportable headaches when they are in their laboratory. Other photographers who do not experience either headache or nausea suffer from a diminution of appetite, nightmare, or the almost complete loss of sleep. In others the permanent inhalation of ethereal vapors produces cerebral irritation, which differs little from drunkenness.

How then can these inconveniences incident to the profession of the photographer be avoided or at least lessened? In the first place, it is desirable to avoid or to use only with extreme moderation alcoholic liquors; for the alcohol drunk can not fail to join its action to that of the respired ether, and even to sometimes provoke the morbid phenomena already mentioned in individuals who, had they been more temperate, would perhaps have escaped. The bever-

ages advisable to use in order to avoid the inconveniences of the prolonged etherization are lemonade or natural or artificial mineral waters. To combat the loss of sleep it is sometimes necessary to employ opiates associated, according to the advice of Dr. Zanetti, with aconite or antimony. He says he has not had any success with other hypnotics. For disorders of the stomach, such as loss of appetite, nausea, vomiting, a bitter drink is recommended, consisting of a pint of water, two ounces of dry coffee, with three drams each of quinine and quassia bark, the mixture to be left for some days and filtered, and a wine-glass of it be taken every morning. For the intense headaches frequent among photographers, some relief is obtained by drinking a glass of sugar-water to which a few drops of vinegar or sal volatile are added. The most certain remedy, however, is the employment of methods which exclude the injurious substances, alcohol and ether. The use of new methods for negative photography which do not require the employment of ether and alcohol will produce valuable hygienic results in this disease.—*British Medical Journal.*

Note on the Treatment of Mucous Polypus of the Nose.—In some cases of polypus of the nose I have recently been adopting a treatment which has given good results. In structure these growths consist of but little more than connected tissue infiltrated with serum and inclosed in something resembling mucous membrane. When removed by avulsion and exposed to the atmosphere they rapidly shrivel by the escape of their serum, their distended grape-like appearance being exchanged in a short time for that represented by little more than a few shreds of connective tissue. The treatment to which I refer consists in freely puncturing these growths from the anterior nares by means of an ordinary acupuncture-needle, thus allowing the fluid of which they largely consist to drain away. To prevent them from refilling I follow this up by ordering the patient to inject into the nostrils a solution of carbolic acid and glycerine, which has a most marked drying-up effect, and to continue to do this daily and thoroughly for some time. In this way I have been able to deal successfully with some cases where the growths have been of a limited nature and the patient averse to their avulsion. In the last case I made the punctures with one of Southey's trocars, which answered well, the serum escaping through the canula. I have thus in treatment regarded these as being local and limited edemas, rather than hypertrophies, and as being, when once emptied, curable by astringents. It is not always possible, from their position, to subject all these growths to puncture, otherwise I believe this plan would be found generally successful.—*Reginald Harrison, F. R. C. S., in British Med. Journal.*

Bright's Disease and Primary Atrophy of the Kidney.—The following conclusions arrived at by Rosenstein are taken (*Wiener Med. Presse*) from the programme of the Sixth International Congress at Amsterdam, before which his paper was to be read:

1. The anatomical alterations of the kidneys which occur in the disease first clinically described by Bright are always both interstitial and parenchymatous.

2. There is neither an exclusively interstitial nor an exclusively parenchymatous nephritis; both portions of the kidney are affected whenever a diffuse inflammation of the kidney has occurred, as may be confirmed by experiment and clinical observation.

3. The final result of the diffuse inflammation is the white and the red granular kidney. Both serve as the anatomical basis of the atrophic kidney, and are distinguished from each other only by the fact that the parenchymatous affection predominates in the former, while in the latter the interstitial change is prominent. The two forms may be distinguished clinically as well as anatomically; that is, by the composition of the urine.

4. Clinical observation makes it probable that a stage of enlargement precedes the so-called primary atrophic kidney or the red granular kidney, and this possibility is not opposed by anatomical evidence.

5. Bright's clinical description applies mainly to the white granular kidney, and the progress of the disease resulting in this condition may be divided with certainty, both clinically and anatomically, into two stages.—*Boston Medical and Surgical Journal.*

M. Paul Bert's New Method of Anesthesia.—M. Paul Bert's new method for producing anesthesia — nitrous oxide used under pressure — has been introduced into the Paris hospitals. Last week M. Léon Labbé performed seven surgical operations, of which the duration varied from five to thirty-two minutes, in the movable chamber put up at the Lariboisière Hospital by Dr. Fontaine for the surgical and medical employment of compressed air. As in the operations already performed at the medico-pneumatic establishment in the Rue Chateaudun by M. Péan, the success of this new anesthetic method was complete. On the 29th ult. M. Labbé removed a cancerous breast, the operation lasting for one hour and four minutes. This is the greatest success recorded up to the present time. Some days since the same surgeon performed an operation in a private house into which the movable chamber had been taken, removing a tumor of the breast which had grown again after having been operated on twice under chloroform. The patient had on both occasions suffered for forty-eight hours from the effects of the anesthetic employed. On this occasion, however, there was no such inconvenience. Consciousness returned quickly, and there were no consecutive ill effects. MM. Labbé and Péan will continue to operate in M. Fontaine's movable chamber at Lariboisière and St. Louis hospitals.—*British Med. Jour.*

Treatment of Polysarcia.—Doubtless the very excellent results which have been reported as following the administration of fucus vesiculosus, and its superiority over its constituents when the latter are administered separately, are owing to the fact of the organic combinations into which these constituents have entered in the plant. It is, however, in the obesity of those of the lymphatic temperament, above alluded to, that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these strict regulation of diet affords almost the only prospect of relief, but owing to the keenness of the appetite which usually exists this regulation can very rarely be enforced. The cases in whom fucus vesiculosus shows its most decided beneficial effects are women in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhea, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonicity of the general system.—*Dr. Mulheron, in New Preparations.*

Mr. Richard Davy's Hip-joint Operation.—This able London surgeon reports, in the British Medical Journal of November 1st, ten hip-joint amputations, with eight recoveries, and but sixteen and one half ounces of blood lost in the whole ten amputations. By his lever introduced into the rectum he controls the hemorrhage by pressure on the common iliac artery. He thus describes his lever:

"The lever is turned out of ebony, and varies in length from eighteen to twenty-two inches. Its surface is very smooth and polished, and its ends are rounded off much like the finger-tips. The maximum transverse diameter is five eighths of an inch; the minimum, three eighths of an inch. The rectal end is graduated to an inch-scale, so that the surgeon who applies the lever can at once learn whereabouts may be the end of the rod."

He enumerates the following advantages of his method of operating:

1. Most perfect control of the required artery.
2. Minimum amount of disturbance of the circulatory system.
3. Independence of the respiratory movements.
4. Its general and easy applicability, strictured rectum being the sole obstacle.
5. The pressure applied is so easy to maintain, and the assistant's body so well out of range of the operator, that no hurry need perplex the one nor anxiety the other.
6. Its application is quite safe in skilled hands, no injury having ever resulted, and but little pain having been suffered.
7. Cheapness and simplicity, illustrating a lever of the first order.
8. The success hitherto achieved by its employment.

The Cure of Consumption.—It is now pretty generally believed—universally, we might say, in the medical profession—that the age of miracles is over; but the statements now starting the rounds of the medical journals in Germany regarding the cure of tuberculosis by the inhalation of the benzoate of soda are calculated to renew the most sinking faith.

Dr. Kroczak, of Innsbruck, says: "We use one part of benzoate of soda in a five-per-cent solution twice daily to the thousand of the body-weight by means of a good atomizer for seven weeks without interruption. With it we enjoin the use of abundant satisfaction of the rapidly-returning appetite with meat diet, fresh air, and abstention from all debilitating causes."

A Vienna paper adds: "Our druggists can hardly supply the demands for the benzoate of soda, as the use of it has surpassed all medical prescriptions. It is indeed bought up on every hand."—*Cincinnati Lancet and Clinic.*

Novel Treatment of Chloroform Asphyxia.—Dr. Spörer relates in the *St. Petersburg Med. Woch.* the case of a boy eleven years of age in whose ear a pea had become imbedded. After numerous trials to remove it, from thirty to thirty-five drops of chloroform were inhaled from a handkerchief in order to relieve the great pain which these trials caused, and the body was then easily removed. But scarcely had the inhalation ceased than the boy's pulse entirely failed, and he gave every sign of approaching death. Efforts of restoration of the usual kind were tried in vain for more than twenty minutes. His head and the upper part of the body were then thrust out of the window to try the effect of the cool September air; but as no effect was produced, one of the assistants seized hold of the boy by the legs and hung him out of the window with his head downward, swinging him to and fro like a pendulum. After four or five minutes of this procedure the boy's death-like face became reddened, and to the joy of all present he uttered a cry. The respiration and circulation were restored after more than half an hour's arrest. Dr. Spörer does not believe the recovery was due to the mere exposure to the air, but rather to the inverted position of the body inducing a passive congestion of the anemic brain, and thus giving an impulse to the action of the heart.—*Medical Times and Gazette.*

Spontaneous Gangrene in a New-born Infant.—Dr. Bidder related at the St. Petersburg Medical Society a remarkable case, in which the left foot of the fetus presented for twelve hours, owing to the weakness of the pains, in a birth otherwise quite normal. As soon as they became stronger delivery was easily accomplished. The foot and leg were, however, observed to be blue and edematous, and in a few days complete gangrene was developed, with an incomplete line of demarcation above the malleoli. Superficial gangrene also affected the ends of some of the toes of the other foot. Amputation of the leg was performed on the fourteenth day. Primary union followed, and the child recovered. The cause of the gangrene was quite obscure, for no pressure of an injurious extent had been exerted by the uterus on the limb. Neither Dr. Mayerhofer, who had had under his notice one hundred thousand births at Vienna, nor Dr. Rauch, who perhaps has seen as many cases, ever met with a similar occurrence.—*St. Petersburg Med. Woch.*

Iodide of Potassium and Calomel in Ophthalmology.—Schlæfke (*Græfe's Archiv*) refers to the fact which has frequently been observed that the external application of calomel may give rise to severe inflammation of the conjunctiva if used simultaneously with the exhibition of KI internally. This he explains by the formation of iodate and iodide of mercury, which in the presence of common salt or KI are soluble and act as caustics. He finds that if KI be taken twice daily in 0.5-grain doses its presence can be constantly detected in the conjunctival sac.—*Edinburgh Medical Journal.*

Malarial vs. Intermittent Fever.—I am glad to know that some one else is endeavoring to give enlightenment upon this terrible disease, and to distinguish between the "malarial" and "intermittent fever." While I believe that "malarial poison," as we now understand it, does cause chills and fever, I am also sure that we have chills and fever from this other source; namely, rapid changes in temperature. —*P. H. Mason, of Peekskill, N. Y. in the U. S. Med. Investigator.*

Prof. Schiff on Metallotherapy.—He came to Paris full of unbelief and doubt in the apparently inexplicable results of the French authors; there convinced himself by a brilliant series of experiments of the trustworthiness of the patients and the truth of the statements concerning the return of sensibility in anesthetic parts of the body, and even of the so-called *transfect de la sensibilité* upon contact with certain metals.—*Corresp. Berliner Klinische Wochenschrift.*